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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1
March 2010
Form must be Typed
Form must be Signed
All blanks must be Filled

REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MIST be submitted with this form

Check Applicable Boxes: MUST be submitted	led with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 8/15/2014
X Gas Lease: No. of Gas Wells **	KS Dept of Revenue Lease No.: 200302
Gas Gathering System:	Lease Name: BURNETT
Saltwater Disposal Well - Permit No.:	0 0 0 NE Sec. 13 Twp. 23 R. 37W EXW
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T23S-R37W: SEC 13 ALL
Entire Project: Yes No	on de la composição de la La composição de la compo
Number of Injection Wells***	County: KEARNY
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:(API No. If Drill Pit, WO or Haul)	feet from N / S Line of Section
	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling KH
Past Operator's License No. 32864 <	Contact Person: BRENDA WALLER
Past Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259
210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102	Date: 08/15/2014
Title- Vice President-Land	Tim, Welch
Title: Vice resident-Land	Signature:
New Operator's License No	Contact Person: NANCY FITZWATER
New Operator's Name & Address: LINN OPERATING, INC.	Phone: 281-840-4000
600 Travis Street, Suite 5100 Houston, TX 77002	Oil / Gas Purchaser:
	Date: 08/15/2014
	040 27
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nainey Stignsator
Acknowledgment of Transfer: The above request for transfer of injection a	
noted, approved and duly recorded in the records of the Kansas Corporation C	
Commission records only and does not convey any ownership interest in the a	bove injection well(s) or pit permit.
is acknowledged as	is acknowledged as
the new operator and may continue to inject fluids as authorized by	the new operator of the above named lease containing the surface pit
Permit No.: Recommended action:	permitted by No.:
The state of the s	
Date:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR _/2-/8-/4 P	PRODUCTION DEC 1 9 2014 UEC 1 9 2014
Mail to: Past Operator New Operato	

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Side Twe

Must Be Filed For All Wells

* Lease Name:	BURNETT		* Location: 13	3 23 37WNE		
Well No. API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
1-13	15093001620000/	1320FNL~	1320FEL	GAS	PR	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
digilajid Digilajid		FSL/FNL	FEL/FWL		un and Thair Tarasan	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	es Espera. E l Transporte de la companya de la		
· · · · · · · · · · · · · · · · · · ·		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		*	
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		- <u>- </u>	

A separate sheet may be attached if necessary

^{*} When transferring a unit which consists of more than one lease please file a separate side two for each lease. If a lease covers more than one section please indicate which section each well is located.

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Kansas Corporation Commission Oil & Gas Conservation Division

Form KSONA-1 July 2010 Form Must Be Typed Form must be Signed All blanks must be Filled

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

OPERATOR: License # 32864	Well Location:		
Name: XTO ENERGY INC.	0 0 0 NE Sec. 13 Twp.23 S. R. 37 East West		
Address 1: 210 PARK AVENUE, SUITE 2350	County: KEARNY		
Address 2:	Lease Name: BURNETT Well #:1-13		
City: OKLAHOMA CITY State: OK Zip: 73102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description		
Contact Person: BRENDA WALLER	the lease below: T23S-R37W: SEC 13 ALL		
Phone: (405 319-3259 Fax: ()	_		
Email Address: BRENDA_WALLER@XTOENERGY.COM			
Surface Owner Information:			
Name: See Attached	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1:	sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the		
Address 2:			
City: State: Zip:+	_		
are preliminary non-binding estimates. The locations may be entered. Select one of the following:	tank batteries, pipelines, and electrical lines. The locations shown on the plat ed on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
owner(s) of the land upon which the subject well is or will	ce Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form rm being filed is a Form C-1 or Form CB-1, the plat(s) required by this x, and email address.		
KCC will be required to send this information to the surface	. I acknowledge that, because I have not provided this information, the e owner(s). To mitigate the additional cost of the KCC performing this dling fee, payable to the KCC, which is enclosed with this form.		
	lling fee with this form. If the fee is not received with this form, the KSONA-1		
If choosing the second option, submit payment of the \$30.00 hand form and the associated Form C-1, Form CB-1, Form T-1, or Form	CP-1 will be returned.		
form and the associated Form C-1, Form CB-1, Form T-1, or Form I hereby certify that the statements made herein are true and corre	CP-1 will be returned. ct to the best of my knowledge and belief.		
form and the associated Form C-1, Form CB-1, Form T-1, or Form	CP-1 will be returned. ct to the best of my knowledge and belief.		

Surface Owners

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API#: 150930	01620000	Lease Name: BURNETT		Well # <u>1-13</u>
Our and Manager	LECCED LOIS C TR	UST AND BURNETT, HELEN	F TRUST	
		US! AND BURNETT, HELLIN		
Address:	PO BOX 65		00004	
City:	BRIGHTON	State: CO	Zip: 80601	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
		State:	Zip:	÷
City:		State.	p.	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:	:			
Address:				
City:		State:	Zip:	
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Owner Name				
Address:		-	7:	
City:		State:	Zip:	